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U 0210 CC/CSAP

DECLARATION**Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label
☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
John E. Drach	32,891	Steven J. Trzaska	36,296
Aaron E. Ettelman	42,516		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label **23657** OR ☐ Fill in correspondence address below

Name					
Address					
Address					
City	State	Zip			
Country	Telephone	215-628-1416	Fax	215-628-1345	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Stephen	Middle Initial	F.	Family Name	Gross	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Souderton	State	PA	Country	USA	Citizenship	USA
Post Office Address	152 Chester Ct.						
Post Office Address							
City	Souderton	State	PA	Zip	18964	Country	USA
				Applicant Authority			
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet						
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor										
Given Name	John			Middle Initial	F.		Family Name	HESSEL			Suffix e.g. Jr.					
Inventor's Signature								Date								
Residence: City		Doylestown			State	PA		Country		USA		Citizenship	USA			
Post Office Address		2097 Country Club Dr.														
Post Office Address																
City	Doylestown			State	PA		Zip	18901		Country		USA		Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor										
Given Name	Timothy			Middle Initial	C.		Family Name	Morris			Suffix e.g. Jr.					
Inventor's Signature								Date								
Residence: City		Morton			State	PA		Country		USA		Citizenship	USA			
Post Office Address		861 Agnes Avenue														
Post Office Address																
City	Morton			State	PA		Zip	19070		Country		USA		Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor										
Given Name				Middle Initial			Family Name				Suffix e.g. Jr.					
Inventor's Signature								Date								
Residence: City					State			Country				Citizenship				
Post Office Address																
Post Office Address																
City				State			Zip			Country				Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor										
Given Name				Middle Initial			Family Name				Suffix e.g. Jr.					
Inventor's Signature								Date								
Residence: City					State			Country				Citizenship				
Post Office Address																
Post Office Address																
City				State			Zip			Country				Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor										
Given Name				Middle Initial			Family Name				Suffix e.g. Jr.					
Inventor's Signature								Date								
Residence: City					State			Country				Citizenship				
Post Office Address																
Post Office Address																
City				State			Zip			Country				Applicant Authority		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																